PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

## School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						•	Secon 10 to Coun 24 to State	-	ntendent
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR S	CHOOL BUS T	TRANSPOR	TATION	I <b>:</b>
This clair	n is for the	period beginning	s		<b>,</b>	20 and	l ending			, 20
				month	day			month	Ċ	lay
CERTIF	[CATIO]	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date Signature, Chair, Board of Trustees										
County:			District	:					District L	evel:
01 Beaverhead 0003 Grant Elem								Eleme	ntary	
Percentage	District #	Route #	Miles Rate Per Day Per Mile Capa				y Inspection		Days erated	Bus Driver's Social Security #
100	7	1		79.4	0.95	48	08/09/04	4		
						-		<u> </u>		

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**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

DUE	
DATES	

100

CO

**Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 01 Beaverhead 0006 Beaverhead County H S **High School** District Days Route Miles Rate **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # # Capacity Inspection 100 CO 1 128 1.80 84 08/09/04 100 CO 10 22 1.57 78 08/08/04 100 CO 11 22 72 08/09/04 1.57 100 0.95 CO 12 53 35 08/09/04 100 CO 13 48 0.95 18 08/26/04 100 CO 2 26.2 1.57 78 08/08/04 3 7 100 CO 0.00 72 08/08/04 100 CO 4 140 1.57 72 08/27/04 100 5 78 CO 61 1.57 08/09/04 72 100 CO 6 192 1.57 08/26/04 100 CO 7 30 1.80 84 08/09/04 100 8 52 CO 1.57 78 08/09/04

78

08/09/04

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1.57

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Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

			ena, M	T 59620-25	01		School Bus 7	<b>Fransportation</b>	County	
DUE DATES:	repluary 1 to County Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATION:		
This clain	n is for the	period beginning	;		,	20 and en	ding	, 2	20	
	month				day		m	nonth da	y	
CERTIF	ICATIO:	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County: District:								District Lev	vel:	
01 Beaverhead 0009 Lima K-12 Schools					<b>;</b>		High So			
	District	Route		Miles	Rate			Days	Bus Driver's	
Percentage	#	#		Per Day	Per Mile	Capacity	Inspection	Operated	Social Security #	
100	12	12-1		99.1	0.95	40	08/23/04			
100	12	12-2		122 0.95 16 08/23/04						

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

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0.95

School District Claim for
State Reimbursement for
School Bus Transportation

State	
District	
County	

	_	Hele	na, MT	59620-25		School Bus Transportation						
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	NT FOR SCH	IOOL BUS TRA	NSPORT	TATION:			
This clain	ı is for the	e period beginning	g month day			20 and en	and ending					
CERTIFI The inform		N: this form is comp	lete and a	accurate to the	e best of my kn	owledge.						
Date		<u> </u>	Signature, Chair, Board of Trustees									
County:			District:						District Level:			
01 Beave	erhead		0015 Reichle Elem				Elementary					
Percentage	District #	Route #		Miles Rate Per Day Per Mile Cap			Inspection	Inspection Ope		Bus Driver's Social Security #		

35

08/25/04

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